

# Board of Health, City of Baltimore,

Permit No. A 5741 Office of Registrar of Vital Statistics. Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.



Date of Death, June 22nd 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Howard E. Wheeler

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 5 Years, 14 Months, 14 Days,

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, None

Birthplace, { State or country, and now long in the United States, if of foreign birth. } Balto. Md.

Duration of Residence in the City of Baltimore, Life Time

Place of Death, { Give street and Number. } 1618 Canton Avenue

Cause of Death, { First, (Primary), Second, (Immediate), } Marasmus

Duration of Last Sickness, about 3 months.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Thursday June 23

Undertaker, Jacob Bucher

Place of Business, 1618 Canton Ave. Address, 700 S. Broadway

J. D. Wheeler M. D.,  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A. 5742 Office of Registrar of Vital Statistics.

Ward 3<sup>rd</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH

Date of Death, June 2<sup>nd</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George W Schmidt

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 43 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } Married

Occupation, Copier

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 36 years

Place of Death, { Give Street and Number. } 1408 Dallas St Near Hamp-

Cause of Death, { First (Primary), Second (Immediate), } Intemperance  
Phrenitis

Duration of Last Sickness, 17 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery.

Date of Burial, 23<sup>rd</sup> of June 1887

{ Undertaker, Henry Hoffman }

{ Place of Business, 211 N. Eden St. }

J. E. Hooks M. D.  
Medical Attendant.

Address, 1519 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Directed to the Requirement that this Certificate be filled out and returned to the Registrar of Vital Statistics.

# Health Department, City of Baltimore.

Permit No. A. 543 Office of Registrar of Vital Statistics.

Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, June 21<sup>st</sup> '87

Full Name of Deceased, Caroline Thomas  
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Female  
{ Cross out the word not required in this line. }

Age, 11 Years, — Months, — Days.

Color, Black

Married, Single, Widow or Widower, —  
{ Cross out the words not required in this line. }

Occupation, —

Birth Place, Baltimore City  
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 11 years

Place of Death, University Hospital  
{ Give Street and Number. }

Cause of Death, Tuberculosis pulmonum  
Exhaustion  
{ First (Primary), Second (Immediate), }

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, June 22<sup>nd</sup> 1887

Undertaker, Alex. Hensley

Place of Business, 561 Orchard St. Address, University Hospital

C. W. Mitchell M. D.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER]



The Special Attention of Physicians is respectfully invited to the remarks below, and to list of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A 574 Office of Registrar of Vital Statistics. Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, June 21. 87

Full Name of Deceased, Henry B. Colburn {Write legibly and spell correctly. If an Infant not named, give names of parents.}

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 Years, 5 Months, 10 Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Ballplayer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 683 Fair St.

Cause of Death, {First (Primary), Second (Immediate),} Hydrocephalus.  
Convulsions.

Duration of Last Sickness, 3 mo.

All the above information should be furnished by the Physician.

Place of Burial, Harvil Cemetery

Date of Burial, June 23 1887

{ Undertaker, Herbert Prosser } H. Prosser M. D.

{ Place of Business, Gay Cor. W. 1st St. } Address, 1520 Lombard

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm.1132, Printed 10/27/2022.

Health Department, City of Baltimore.

Permit No. A. 545 Office of Registrar of Vital Statistics. Ward 16

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 21/89

Full Name of Deceased, Joseph H. Wilson

Sex, Male or Female, Male

Age, 37 Years, 0 Months, 0 Days.

Color, Black

Married, Single, Widow or Widower, Single

Occupation, Driver

Birth Place, Long in the United States

Duration of Residence in the City of Baltimore, C.B.

Place of Death, 547 Burgundy ave

Cause of Death, Injury to Spine  
Spinal Paralysis

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Graves + Cemetery

Date of Burial, June 23 1889

Undertaker, Heacules Ross

Place of Business, 404 Corn Wall St Address, 602 S French

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is respectfully invited to the Remarks below, and to the use of Disinfectants on each of this Certificate.

# Health Department, City of Baltimore.

Permit No. A. 546 Office of Registrar of Vital Statistics. Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, June 21st, 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Selma Ostrowski

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 7 Months, White Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, City

Birth Place, { State or country, and how long in the United States, if of foreign birth. } 1621

Duration of Residence in the City of Baltimore, since birth

Place of Death, { Give Street and Number. } old #61 Thames St

Cause of Death, { First (Primary), Second (Immediate), } Cholera In fau tuum

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, June 22, 87

Undertaker, John H. Rehberger M. D.

Place of Business, 1709 Alice Annah Address, 1709 Alice Annah

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



# Health Department, City of Baltimore.

Permit No. A. 547 Office of Registrar of Vital Statistics. Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, June 22/87

Full Name of Deceased, Annice Caldwell { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Female { Cross out the word not required in this line. }

Age, 30 Years, 0 Months, 0 Days.

Color, Colored

Married, Single, Widow or Widower, Married { Cross out the words not required in this line. }

Occupation, Domestic

Birth Place, Baltimore { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, 108 E. Bait St { Give Street and Number. }

Cause of Death, Heart & Lung disease { First (Primary), }  
apoplexy { Second (Immediate), }  
1 1/2 hours

Duration of Last Sickness, 1 1/2 hours

All the above information should be furnished by the Physician.

Place of Burial, Lawell Bent

Date of Burial, June 22<sup>nd</sup> 1887

{ Undertaker, John J. Andrews } John J. Andrews M. D.  
 { Place of Business, 16407 David Hill } Address, 16407 David Hill

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is respectfully invited to the fact that the law requires that a Certificate of Death be filed with the Registrar of Vital Statistics within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

# Health Department, City of Baltimore.

Permit No. A. 548 Office of Registrar of Vital Statistics.

Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, June 22nd

Full Name of Deceased, Mervin Catalano

Sex, Male or Female, Male

Age, One Years, 8 Months,    Days

Color, White

Married, Single, Widow or Widower,   

Occupation,   

Birth Place, Mont St Proba

Duration of Residence in the City of Baltimore, In Bank

Place of Death, 305 Marion St

Cause of Death, Gastroenteritis  
Exhaustion

Duration of Last Sickness,   

All the above information should be furnished by the Physician.

Place of Burial, St Vincent Cemetery

Date of Burial, June 22nd 1894 M. D.

Undertaker, Paul A. Shrenk Medical Attendant.

Place of Business, 626 W Baltimore Address, 1820 4th St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No.

549

Office of Registrar of Vital Statistics.

Ward

4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, 21<sup>st</sup> of June 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry With

Sex, Male or Female, { Cross out the word not required in this line. } male

Age, — Years, 4 Months, — Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } —

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, { Give Street and Number. } Lombard Street 800

Cause of Death, { First (Primary), Second (Immediate), } Convulsions

Duration of Last Sickness, 6 hours

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cem.

Date of Burial, June 22<sup>nd</sup>

Undertaker, John Teufel

Place of Business, 637 W. Pratt St. Address, 720 N. Howard Street

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is Respectfully Invited to the Requirements of this Certificate.

# Health Department, City of Baltimore.

Permit No. A 530 Office of Registrar of Vital Statistics. Ward 1<sup>st</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.  
No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, June 21st 1887

Full Name of Deceased, Charles W. Punte  
Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or Female, male  
Cross out the word not required in this line.

Age, 2 Years, 2 Months, 2 Days.

Color, White

Married, Single, Widow or Widower, Single  
Cross out the words not required in this line.

Occupation, Dr. (C.D.)

Birth Place, Balto. (C.D.)  
State or country, and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore, Life time

Place of Death, 2221 Eastern Ave.  
Give Street and Number.

Cause of Death, Primature Birth  
First (Primary),  
Second (Immediate),

Duration of Last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, June 22nd 87

Undertaker, S. Francis

Place of Business, B. Jones & Wolfe Address, 111 E. Broadway

Medical Attendant, [Signature] M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]